

## TRAVEL EXPENSE WORKSHEET

Claimant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attach travel itinerary and all receipts, including airfare, lodging, ground transportation, phone calls, and parking fees. Reproduced copies of receipts are not acceptable. Please complete the items below, sign this form at the "Claimant's Signature". Upon receipt, MST will complete the Travel Expense Claim (TEC) for your reimbursement based on the information you provide. MST will E-mail you the TEC. Please print it out and fill in your Social Security Number on the form. Once it is complete, sign it in blue ink and return it. Your reimbursement check will be sent to you in approximately 4 weeks.

### 1. Destination

To: \_\_\_\_\_ From: \_\_\_\_\_ Purpose of Trip: \_\_\_\_\_  
Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm Return Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

### 2. Indicate Form of Payment

Airfare: ☐ Charged to State (Itinerary & Receipt required))  
☐ Reimburse Me (Receipt & Proof of Payment required)  
☐ N/A

Lodging: ☐ Charged to State (Receipt required)  
☐ Reimburse Me (Itemized Receipt with zero balance required)  
☐ N/A

Rental Car: ☐ Charged to State (Itemized Receipt required))  
☐ Reimburse Me (Receipt & Proof of Payment required)  
☐ N/A

### 3. Incidentals and Meals

**Allowable Expenses for travel LESS than 24-hours:** (No lunch or incidentals may be claimed.)

Breakfast: Trip must begin at or before 6 a.m. AND end at or after 9 a.m.

Dinner: Trip must begin at or before 4 p.m. AND end at or after 7 p.m.

**Reimbursement is allowable for actual expenses for any 24-hour period or fraction thereof up to the maximums listed below:**

Breakfast - \$6.00 maximum    Lunch - \$10.00 maximum    Dinner - \$18.00 maximum    Incidentals - \$6.00 (per full 24 hour period)

| Date        |    |    |    |    |    |
|-------------|----|----|----|----|----|
| Breakfast   | \$ | \$ | \$ | \$ | \$ |
| Lunch       | \$ | \$ | \$ | \$ | \$ |
| Dinner      | \$ | \$ | \$ | \$ | \$ |
| Incidentals | \$ | \$ | \$ | \$ | \$ |

(Over)

#### 4. Ground Transportation, Business Expenses and Phone Calls

Private Car, Number of Miles @ \$.34/mile: \_\_\_\_\_ Vehicle License#: \_\_\_\_\_

Parking: \$ \_\_\_\_\_ Bridge/Road Tolls: \$ \_\_\_\_\_ Taxi: \$ \_\_\_\_\_

Airport/Hotel Limo: \$ \_\_\_\_\_ Bus/Streetcar/Tram: \$ \_\_\_\_\_ Business Expense \$ \_\_\_\_\_

Describe Expense: \_\_\_\_\_

Phone Calls (Include amount, name of person called and phone number called):

| Name: | # | \$ |
|-------|---|----|
|-------|---|----|

|       |   |    |
|-------|---|----|
| Name: | # | \$ |
|-------|---|----|

|       |   |    |
|-------|---|----|
| Name: | # | \$ |
|-------|---|----|

**If receipts are not attached or unusual expenses were incurred, please explain**

(Proof of Payment required; i.e. credit card bill, bank statement, front & back copy of cashed check)

**(The State will only reimburse for allowable, actual expenditures.)**

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\_\_\_\_\_  
Claimant's Signature

PLEASE E-MAIL, MAIL OR FAX COMPLETED FORM TO:

California Student Aid Commission  
School Support Services Branch  
P.O. Box 419028  
Rancho Cordova, CA 95741-9028  
Attn: Justin Ngo  
FAX (916) 526-8002  
Email: [schoolsupport@csac.ca.gov](mailto:schoolsupport@csac.ca.gov)

(IF EMAILING OR FAXING, INCLUDE ALL RECEIPTS WITH YOUR TRAVEL EXPENSE CLAIM)